

Lummi Nation Tribal Conservation Corps Application



LUMMINATION
Tribal Conservation Corps
Natural Resources Watershed Restoration



LNTCC, Watershed Restoration Division
Natural Resources Dept., LIBC
2665 Kwina Road
Bellingham, WA 98226

New Member Application

This application may be used to apply for membership of AmeriCorps Tribal program, Lummi Nation Tribal Conservation Corps (LNTCC). This is not an application for a job with the Lummi Nation Natural Resources Department, or the Lummi Indian Business Council.

You may add additional pages if the detailed information requested will not fit on this application. Fill out the application electronically, or by hand. If you are filling this out electronically, place an x to mark the appropriate box. [x]

If you are submitting this application in person, or by mail, you must submit the entire application packet all at once. This includes two completed reference forms, which are provided. If you are submitting this application by e-mail, or fax, the reference forms may be e-mailed or faxed separately, by your personal references.

Please make a copy of your application for your personal records.

Completed applications can be:

- E-mailed to JillK@lummi-nsn.gov
- Faxed to (360) 380-6989
 - **Applicant must inform references if they are going to e-mail or fax their application.**
- Mailed or hand delivered to LIBC. Attn: Lummi Natural Resources, Watershed Restoration, 2665 Kwina Road, Bellingham, WA. 98226
 - **Mailed and hand delivered applications must be submitted all at once.**

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Name					
Current Address					
City, State, Zip					
Mailing address					
Mailing City, State, Zip					
Home Phone		Cell Phone		Work phone	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	E-mail			
Age		If a minor, parent or legal guardian			
Are you a US citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Enrolled in a Federally recognized Tribe?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Tribe				Enrollment Number	
Date of Birth			Social Security Number		
Do you have a valid WA driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License Number		Males, 18, Registered with Selective Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION Check one box

- | | | |
|---|---|---|
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Technical school / | <input type="checkbox"/> Associate's degree |
| <input type="checkbox"/> High school diploma or GED | apprenticeship | <input type="checkbox"/> Bachelor's degree |
| | <input type="checkbox"/> Some college | <input type="checkbox"/> Other |

Type of school	Name and State	Years Completed	Graduated Y/N
High School/GED			
Vocational/Trade			
College/University			
Military training			
Other			

Please provide a copy of all diplomas or certificates.

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Please list any clubs, organizations, skill, qualifications or experiences relative to this position.

COMMUNITY SERVICE

Describe how you have reached out to help others in your own community. Explain why you decided to get involved, and what you learned or how it made you feel. Think in broad terms. List your most recent activity first. Attach a separate sheet of paper if you need more space. (Your involvement could include serving in cultural, neighborhood, school, religious, social, professional, or other volunteer groups; helping out with community service projects; or participating in cultural events.)

PERSONAL STATEMENT

Please share with us an experience you've had that sparked an interest in applying for the Lummi Nation Tribal Conservation Corps. It could be about fishing, clam digging, hunting, or a community event you may have helped with. Please limit your statement to two full paragraphs.

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EMPLOYMENT HISTORY

Are you currently employed? ☐ Yes ☐ No

Name of employer	Position/Title	Dates of Employment	
Supervisor Name	Phone Number	Start Pay Rate	End Pay Rate
Explain in detail your duties			
What did you enjoy most about this position?	What did you dislike about this position?		
Explain why you left this position.			
Name of employer	Position/Title	Dates of Employment	
Supervisor Name	Phone Number	Start Pay Rate	End Pay Rate
Explain in detail your duties			
What did you enjoy most about this position?	What did you dislike about this position?		
Explain why you left this position.			

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CRIMINAL HISTORY

The AmeriCorps application process requires a criminal history check to ensure that community members we work with are protected, particularly children, individuals with disabilities, and individuals over 60 years old. If selected for a position with LNTCC, we will investigate for past sexual offenses and violent crimes, or crimes that would have a direct bearing on your service. This background check will entail our search of the National Sex Offenders Registry and an FBI criminal history check, which will require you being fingerprinted.

You will not be permitted to serve or work with children, individuals with disabilities, or individuals over 60 years of age, without supervision until the history check is complete and you are cleared. The review process is not lengthy, and normally is completed within weeks. Answer the following questions fully. Existence of a criminal conviction or juvenile adjudication may or may not, depending on the circumstances, disqualify you from consideration. However, any intentional misrepresentation or omission will disqualify you. **Do not include minor traffic violations.**

Have you ever been convicted as an adult, or adjudicated as a juvenile offender, of any criminal offense by either a civilian or military court, other than minor traffic violations?

☐ Yes ☐ No

Are you currently facing charges for any offense or on probation or parole? ☐ Yes ☐ No

If no, skip to "Certification" below. If you answered "yes" to any of the questions above, please provide the following information:

Date		Place	
Charge			
Action Taken			
Court, Probation, or Parole Officer		Phone	
Name			
Address			
City, State, Zip			

You may attach any addition information on a separate sheet.

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CERTIFICATION

If you choose to submit a paper application, your application must be certified with your original signature in ink.

By signing this application, or by submitting it electronically if applying on-line, I certify that all of the statements made in this application are true, correct, and complete, to the best of my knowledge, and are made in good faith. I certify that I understand the information contained in this form. Misinformation or omission of information could result in disqualification or termination as an AmeriCorps and LNTCC member. If I am selected for participation in an AmeriCorps program, including LNTCC, I will be required to submit to drug and alcohol testing. I may be required to submit to a physical. Background and security checks will also be conducted.

PRIVACY ACT NOTICE: The Privacy Act of 1974 (5 U.S.C § 552a) requires that the following notice be provided to you: The authority for collecting information from you in this application is contained in 42 U.S.C 12592 and 12615 of the National and Community Service Act of 1990 as amended, and 42 U.S.C 4953 of the Domestic Volunteer Service Act of 1973 as amended. You are advised that submission of the information is entirely voluntary, but the requested information is required in order for you to participate in AmeriCorps programs, including LNTCC. The principal purpose for requesting this personal information is to process your application for acceptance into the AmeriCorps program, LNTCC, and for other general routine purposes associated with your participation in an AmeriCorps program. These routine purposes may include disclosure of the information to federal, state, or local agencies pursuant to lawfully authorized requests, to present and former employers, references provided by you in your application, and educational institutions, for the purpose of verifying the information provided by you in your application. In some programs, the information may also be provided to federal, state, and local law enforcement agencies to determine the existence of any prior criminal convictions. The information will not otherwise be disclosed to entities outside of AmeriCorps, the Corporation for National and Community Service, and LNTCC without your prior written permission.

Signature	Date
Print Name	

For Parent or Guardian of Applicants 17 Years Old: I have reviewed this application and I authorize my: ☐ son ☐ daughter ☐ legal ward to apply to LNTCC.

Signature	Date
Name:	Relation:
Phone:	
Address:	
City, State. Zip:	

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Lummi Natural Resources
Watershed Restoration Division
Lummi Nation Tribal Conservation Corps
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REFERENCE FORM

TO THE APPLICANT:

Please complete the information below and give this form to your reference. Select people who know you well and who are familiar with your personal background, education, employment, and/or professional skills. You should not ask a family member, peer, classmate, co-worker, or friend to serve as a reference. Consider asking work supervisors, religious or spiritual mentors, teachers, counselors, coaches, or someone else familiar with your motivation and community involvement.

For references to be submitted in person or by mail:

Your reference should complete this form, seal it in an envelope, sign his or her name across the seal on the outside of the envelope, and return it to you to include with the application for LNTCC.

For references to be submitted by e-mail or by fax:

Your reference should complete this form, and e-mail it to: JillK@lummi-nsn.gov

Fax to: (360) 380-6989

Subject: LNTCC reference form for (applicants' name)

Applicants Name	
Street Address	
City, State, Zip	
Home Phone	
Work Phone	
E-Mail Address	

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TO THE PERSONAL REFERENCE:

You may fill this out electronically. Mark "[]" with "[x]"

The person named above is applying to be a Lummi Nation Tribal Conservation Corps (LNTCC) member. LNTCC is an AmeriCorps Program. The applicant has indicated that you would be able to evaluate his or her qualifications and provide us with a candid recommendation. Your input is greatly appreciated.

Name of Reference		Position/Title	
Organization/Institution	Phone Number	E-mail	
Street Address			
City, State, Zip			

KNOWLEDGE OF THE APPLICANT

How long have you known the applicant?	Years		Months	
In what capacity do you know the applicant?				
Supervisor/Employer	<input type="checkbox"/>	High School Teacher	<input type="checkbox"/>	Clergy <input type="checkbox"/>
Volunteer Supervisor	<input type="checkbox"/>	College Instructor	<input type="checkbox"/>	Coach <input type="checkbox"/>
Other	<input type="checkbox"/>			
Specify Other				

WORK PERFORMANCE

Is the applicant:

Dependable	<input type="checkbox"/> yes	<input type="checkbox"/> no
Self motivated	<input type="checkbox"/> yes	<input type="checkbox"/> no
Able to work with minimal supervision	<input type="checkbox"/> yes	<input type="checkbox"/> no
Able to work as a team member	<input type="checkbox"/> yes	<input type="checkbox"/> no

In your judgment, how competent is this applicant, as demonstrated by work in the community, in school, on the job, or in a position of responsibility? Please check one.

- | | |
|--|---|
| <input type="checkbox"/> Outstanding performance | <input type="checkbox"/> Below average performance |
| <input type="checkbox"/> Above average performance | <input type="checkbox"/> Unsatisfactory performance |
| <input type="checkbox"/> Satisfactory | |

The applicant can work both in field or office environment	<input type="checkbox"/> yes	<input type="checkbox"/> no
The applicant can work in difficult and changing circumstances	<input type="checkbox"/> yes	<input type="checkbox"/> no

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OVERALL RECOMMENDATION

What is your overall recommendation?

☐ I recommend the applicant for AmeriCorps service.

☐ I have some reservations, but I believe the applicant will succeed in serving with AmeriCorps.

☐ I do not recommend this applicant for AmeriCorps service.

If you wish, use additional paper to explain any of your ratings, and anything else about this applicant that you feel is relevant to serving in AmeriCorps.

CONFIDENTIALITY STATEMENT

☐ I AUTHORIZE the program and/or the Corporation for National and Community Service to identify me as the source of this reference and to release a copy of this reference in its entirety upon request to the applicant.

☐ I DO NOT authorize the program and/or the Corporation for National and Community Service to identify me as the source of this reference, nor do I authorize the release of a copy of this reference in its entirety to the applicant.

Your Signature	
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